

ANNUAL/FINAL REVIEW FORMAT
Continued
PART III
MENTOR QUESTIONNAIRE

QUESTIONNAIRE INSTRUCTIONS: Your ORISE participant will give you a completed ORISE Participant Questionnaire when requesting renewal or terminating from the program. Completed renewal paperwork, mentor and participant questionnaires, should be submitted by FAX to ORISE, (410) 436-5811. If you have questions about the renewal or termination process, please call the ORISE Program Coordinator at (410) 436-5461.

Participant Name: _____

Requesting Renewal _____ (If requesting renewal, what is desired length of renewal period?

#_____ months, maximum 12 months)

Recommended stipend amount for renewal period: \$_____ per month

Terminating _____ (If terminating, what is the effective date of termination)

MIPR submitted to AEC? (Please allow ten workdays for USAEC to complete, approve, and reissue MIPR to DOE)

_____ Yes, already submitted (Please include date submitted), _____ being prepared
_____ Provide an information copy to ORISE Budget Officer, Fax (410) 436-5811.

Why do you wish to renew this participant's ORISE appointment? _____

How effective was this ORISE participant at conducting research under your mentorship?

Evaluate the contribution of the participant to your specific research project.
(On a scale from 1 to 10 please rate by circling the number that corresponds)

Low 1 2 3 4 5 6 7 8 9 10 High

Comments: _____

How effective was your relationship with the participant in enhancing his/her skills or knowledge?
(Circle One)

Low 1 2 3 4 5 6 7 8 9 10 High

Comment: _____

Please rate the quality of ORISE administrative support:

(Circle One)

Low 1 2 3 4 5 6 7 8 9 10 High

Comments: _____

Please rate the quality of AEC support :

(Circle One)

Low 1 2 3 4 5 6 7 8 9 10 High

Comments: _____

(Signature)

(Date)